

PART B - FEE(S) TRANSMITTAL

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Mail Stop ISSUE FEE
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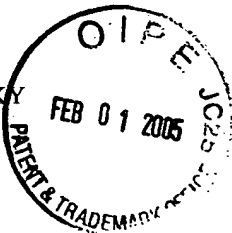
INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

7590

11/15/2004

EDWARD A. MELIMAN
 DICKSTEIN SHAPIRO MORIN AND OSHINSKY
 1177 AVENUE OF THE AMERICAS
 41ST FLOOR
 NEW YORK, NY 10036-2714



Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

| |
|--------------------|
| (Depositor's name) |
| (Signature) |
| (Date) |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|---------------------------|---------------------|------------------|
| 10/013,080 | 12/10/2001 | Grenville Arthur Robinson | P/222-51 | 3795 |

TITLE OF INVENTION: RECONSTITUTING DEVICE FOR INJECTABLE MEDICATION

02/03/2005 RBEYENE2 00000196 10013000

01 FC:1501
 02 FC:1504

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
|----------------|--------------|--------------------------|-----------------|--------------------------|------------|
| nonprovisional | NO | \$1370 \$1400 | \$300 | \$1670 \$1700 | 02/15/2005 |

| EXAMINER | ART UNIT | CLASS-SUBCLASS |
|------------------|----------|----------------|
| MENDEZ, MANUEL A | 3763 | 604-412000 |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

DICKSTEIN, SHAPIRO, MORIN & OSHINSKY, LLP.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Applied Research Systems ARS Holding N.V.

Curacao.

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
☒ Publication Fee (No small entity discount permitted)
☒ Advance Order - # of Copies 10

4b. Payment of Fee(s):

- ☐ A check in the amount of the fee(s) is enclosed.
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☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-2215 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Edward A. Meliman

Date

February 1, 2005

Typed or printed name

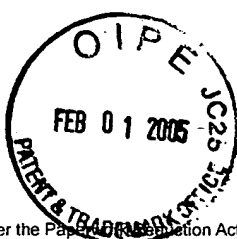
Edward A. Meliman

Registration No.

24,735

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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|---|--|--------------------------|------------------------|
| Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2005 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | Complete if Known | |
| | | Application Number | 10/013,080-Conf. #3795 |
| | | Filing Date | December 10, 2001 |
| | | First Named Inventor | Grenville A. Robinson |
| | | Examiner Name | M. A. Mendez |
| | | Art Unit | 3763 |
| TOTAL AMOUNT OF PAYMENT | | (\$) | 1,730.00 |
| | | Attorney Docket No. | F0222.0051 |

| | |
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| METHOD OF PAYMENT (check all that apply) | |
| <input type="checkbox"/> Check | <input checked="" type="checkbox"/> Credit Card |
| <input type="checkbox"/> Money Order | <input type="checkbox"/> None |
| <input type="checkbox"/> Other (please identify): _____ | |
| <input type="checkbox"/> Deposit Account | Deposit Account Number: <u>50-2215</u> Deposit Account Name: <u>Dickstein Shapiro Morin & Oshinsky LLP</u> |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) | |
| <input type="checkbox"/> Charge fee(s) indicated below | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |
| <input type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments |

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|---|---------------------|---|--------------------|----------------------|----------------------------------|-----------------------|-----------------------|
| FEE CALCULATION | | | | | | | |
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES | | | | | | | |
| | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | |
| | | <u>Small Entity</u> | | <u>Small Entity</u> | | <u>Small Entity</u> | |
| Application Type | Fee (\$) | Fee (\$) | Fee (\$) | Fee (\$) | Fee (\$) | Fee (\$) | Fees Paid (\$) |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |
| 2. EXCESS CLAIM FEES | | | | | | | |
| | | | | | | <u>Small Entity</u> | |
| | | | | | | Fee (\$) | Fee (\$) |
| Fee Description | | | | | | | |
| Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent | | | | | | 50 | 25 |
| Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent | | | | | | 200 | 100 |
| Multiple dependent claims | | | | | | 360 | 180 |
| Total Claims | | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims | | |
| _____ - 32 = _____ | | x _____ | = _____ | | Fee (\$) | Fee Paid (\$) | |
| Indep. Claims | | Extra Claims | Fee (\$) | Fee Paid (\$) | | | |
| _____ - 5 = _____ | | x _____ | = _____ | | | | |
| 3. APPLICATION SIZE FEE | | | | | | | |
| If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). | | | | | | | |
| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) | | | |
| _____ - 100 = _____ | /50 | _____ (round up to a whole number) x _____ | = _____ | | | | |
| 4. OTHER FEE(S) | | | | | | | |
| | | | | | | Fees Paid (\$) | |
| Non-English Specification, \$130 fee (no small entity discount) | | | | | | | |
| Other: 1501 Utility issue fee | | | | | | 1,400.00 | |
| 8001 Printed copy of patent w/o color | | | | | | 30.00 | |
| 1504 Publication fee for early, voluntary, or normal publication | | | | | | 300.00 | |

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|---------------------|--------------------------|-----------------------------------|------------------|
| SUBMITTED BY | | | |
| Signature | <u>Edward A. Meilman</u> | Registration No. (Attorney/Agent) | 24,735 |
| Name (Print/Type) | Edward A. Meilman | Telephone | (212) 896-5471 |
| | | Date | February 1, 2005 |